

CLAIMS ONLY

Multiple Dependent

Application Number

10719003

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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46						
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49						
50						
Total						
Indep	10					
Total	16					
Depend						
Total	26					
Claims						

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total						
Indep						
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Total						
Claims						